

**SUPERVISOR'S REPORT  
ON USE OF FORCE**

# Los Angeles County Sheriff's Department

## Supervisor's Report on Use of Force

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### Incident Information

URN:	003-01956-5100-053	Date:	10/05/2003	Time:	1425
Location:	441 Bauchet Street				
City or Station:	Los Angeles				
Bureau/Station/Facility:	Men's Central Jail	Admin. Investigation: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			

### Employee Witnesses

Emp. #	Last Name	First Name	Middle Name
	Taylor	Mat	A
Emp. #	Last Name	First Name	Middle Name
	Friberg	Robert	L
Emp. #	Last Name	First Name	Middle Name

### Non-Employee Witnesses

Last Name	First Name	Middle Name	Age	D.O.B.
			37	
Street Address	City	Zip Code	Work Ph.	Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address	City	Zip Code	Work Ph.	Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address	City	Zip Code	Work Ph.	Home Ph.

### On Duty Supervisor

Emp. #	Last Name	First Name	Middle Name	Rank	Present	Witness to Incident
	Shannon	Daniel		Sr. Dep	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Emp. #	Last Name	First Name	Middle Name	Rank	Present	Witness to Incident
					YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

### Watch Sergeant

Emp. #	Last Name	First Name	Middle Name
	Louis	Timothy	R

### Watch Commander

Emp. #	Last Name	First Name	Middle Name
	Aguilar	Gilbert	

Watch Commander's Signature: \_\_\_\_\_ Emp #: \_\_\_\_\_

Copy Provided to Employee by: \_\_\_\_\_ Emp #: \_\_\_\_\_

Supervisor Completing Form: \_\_\_\_\_ Emp #: \_\_\_\_\_

(Print)

Emp #: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Unit Commanders Signature: \_\_\_\_\_

PSTD Use Only

FO# 2100243

Original: Unit Commander  
Copy: P.S.T.D. Headquarters,  
Employee

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## Method

(AW) Arwen	(FH) Firearm (Handgun)	(PO) Personal Weapon (Other)
(BC) Baton: (Control)	(FR) Firearm (Rifle)	(RS) Resistance
(BI) Baton: (Impact)	(FS) Firearm (Shotgun)	(CN) Restraint Device (Capture Net)
(BF) Bodily Fluids	(FO) Firearm (Other)	(RH) Restraint Device (Handcuffs)
(CN) Canine	(FB) Flashbang	(HB) Restraint Device: Hobble (Legs Only)
(CR) Carotid Restraint	(FL) Flashlight	(TP) Restraint Device: Hobble (TARP)
(CH) Choke Hold	(OE) Other Weapon: Edged	(RE) Restraint Device: REACT Belt
(CT) Control Holds: (Control Techniques)	(OV) Other Weapon: Vehicle	(SP) Sap
(TT) Control Holds: (Team Takedown)	(OB) Other Weapon: Blunt Object	(SH) Shield
(TD) Control Holds: (Takedown)	(OO) Other Weapon: Other	(SG) 37mm Stinger
(CE) Chemical	(PK) Personal Weapon: Feet/Leg: (Kick)	(SB) Sting Ball
(OC) Chemical Agents (OC Spray)	(PS) Personal Weapon: Feet/Leg: (Sweep)	(ST) Stun Bag
(TG) Chemical Agents (Tear Gas)	(PH) Personal Weapon (Hand/Arm)	(TR) Taser
(EX) Explosives	(PP) Personal Weapon (Push)	(UC) Uncooperative

**Type of Injury**

(AB) Abrasion	(DB) Dog Bite	(PA) Paralysis
(BR) Bruise	(FR) Fractures	(PW) Puncture Wound
(BU) Burn	(GS) Gunshot	(SD) Soft Tissue Damage
(CP) Complaint of Pain	(HB) Human Bite	(ST) Sprain/Twists
(CO) Concussion	(LC) Lacerations	(UN) Unconscious
(DH) Death	(ND) Nerve Damage	(RM) Refused Med Treatment
(DI) Dislocation	(OD) Organ Damage	(NN) NONE

**Body Part Injured**

(AD) Abdomen	(FA) Face	(HI) Hip
(AK) Ankle	(FE) Feet	(IN) Internal
(AR) Arm	(FI) Fingers	(KN) Knees
(BK) Back	(GE) Genitals	(LE) Leg
(BT) Buttocks	(GR) Groin	(NK) Neck
(CH) Chest	(HD) Hands	(NO) Nose
(EL) Elbow	(HE) Head	(SH) Shoulder
		(WR) Wrist

**FORCE APPLIED**

**(Only One Code Per Block)**

[illegible]

# Supervisor's Report on Use of Force INVOLVED EMPLOYEE INFORMATION

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## Involved Employee

<b>E1</b>	Employee #	Last Name Love	First Name Brandon	Middle Name D
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Race: B	Unit of Assignment: Men's Central Jail	
Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input checked="" type="checkbox"/> PM		<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age: <u>  </u> Height: <u>1750</u> Weight: <u>230</u>
Medical Exam/Treatment <input type="checkbox"/>		If Admitted, Name of Hospital: <u>  </u>		Coroner Case # <u>  </u> Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>

<b>E2</b>	Employee #	Last Name	First Name	Middle Name
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race:	Unit of Assignment:	
Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM		<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age: <u>  </u> Height: <u>  </u> Weight: <u>  </u>
Medical Exam/Treatment <input type="checkbox"/>		If Admitted, Name of Hospital: <u>  </u>		Coroner Case# <u>  </u> Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>

<b>E</b>	Employee #	Last Name	First Name	Middle Name
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race:	Unit of Assignment:	
Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM		<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age: <u>  </u> Height: <u>  </u> Weight: <u>  </u>
Medical Exam/Treatment <input type="checkbox"/>		If Admitted, Name of Hospital: <u>  </u>		Coroner Case# <u>  </u> Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>

<b>E</b>	Employee #	Last Name	First Name	Middle Name
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race:	Unit of Assignment:	
Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM		<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age: <u>  </u> Height: <u>  </u> Weight: <u>  </u>
Medical Exam/Treatment <input type="checkbox"/>		If Admitted, Name of Hospital: <u>  </u>		Coroner Case# <u>  </u> Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>

<b>E</b>	Employee #	Last Name	First Name	Middle Name
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race:	Unit of Assignment:	
Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM		<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age: <u>  </u> Height: <u>  </u> Weight: <u>  </u>
Medical Exam/Treatment <input type="checkbox"/>		If Admitted, Name of Hospital: <u>  </u>		Coroner Case# <u>  </u> Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>

<b>E</b>	Employee #	Last Name	First Name	Middle Name
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race:	Unit of Assignment:	
Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM		<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age: <u>  </u> Height: <u>  </u> Weight: <u>  </u>
Medical Exam/Treatment <input type="checkbox"/>		If Admitted, Name of Hospital: <u>  </u>		Coroner Case# <u>  </u> Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>

# Supervisor's Report on Use of Force

## SUSPECT INFORMATION

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### Suspect Information

<b>S1</b>	Last Name	Armstrong	First Name	Craig	Middle Name	L
	AKA Last Name		First Name		Middle Name	
	Sex:	Race:	Street Address:	City:	State & Zip Code:	
	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	B				
	Work Phone:	Home Phone:	Age:	Height:	D.O.B.	Weight:
			23			
						Armed?
						<input checked="" type="checkbox"/>
	Booking #:	7035680	Primary Charge:	245(A)(1) P.C.	Secondary Charge:	Criminal History
						<input checked="" type="checkbox"/>
	Hospital Admission?	<input checked="" type="checkbox"/>	Rec'd Treatment At:	LAC/USC Hospital	Coroner Case#:	Mental History
						<input type="checkbox"/>
	Under Influence:			Photos of Suspect's Injuries		
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Substance:			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		

### Suspect Interview

Date:	Time:	Audiotape:	Videotape:
10/06/03	0048	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Suspect Information

<b>S</b>	Last Name	First Name	Middle Name
	AKA Last Name	First Name	Middle Name
	Sex:	Race:	Street Address:
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	City:	State & Zip Code:	
	Work Phone:	Home Phone:	Age:
			Height:
		D.O.B.	Weight:
			Armed?
			<input type="checkbox"/>
	Booking #:	Primary Charge:	Secondary Charge:
			Criminal History
			<input type="checkbox"/>
	Hospital Admission?	<input type="checkbox"/>	Rec'd Treatment At:
			Coroner Case#:
			Mental History
			<input type="checkbox"/>
	Under Influence:		Photos of Suspect's Injuries
	<input type="checkbox"/> YES <input type="checkbox"/> NO Substance:		<input type="checkbox"/> YES <input type="checkbox"/> NO

### Suspect Interview

Date:	Time:	Audiotape:	Videotape:
		<input type="checkbox"/>	<input type="checkbox"/>

### Suspect Information

<b>S</b>	Last Name	First Name	Middle Name
	AKA Last Name	First Name	Middle Name
	Sex:	Race:	Street Address:
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	City:	State & Zip Code:	
	Work Phone:	Home Phone:	Age:
			Height:
		D.O.B.	Weight:
			Armed?
			<input type="checkbox"/>
	Booking #:	Primary Charge:	Secondary Charge:
			Criminal History
			<input type="checkbox"/>
	Hospital Admission?	<input type="checkbox"/>	Rec'd Treatment At:
			Coroner Case#:
			Mental History
			<input type="checkbox"/>
	Under Influence:		Photos of Suspect's Injuries
	<input type="checkbox"/> YES <input type="checkbox"/> NO Substance:		<input type="checkbox"/> YES <input type="checkbox"/> NO

### Suspect Interview

Date:	Time:	Audiotape:	Videotape:
		<input type="checkbox"/>	<input type="checkbox"/>

# **INVESTIGATIVE NARRATIVE**



## **INVESTIGATIVE NARRATIVE**

### **USE OF FORCE**

**Type:** Physical force used to stop an armed assault resulting in a broken arm.

**I.A.B. File Number:** #FO2100243

**Date:** 10/05/2003

**Time:** 1425 Hours

**Location:** Men's Central Jail, 441 Bauchet Street, Los Angeles

On Saturday, October 5, 2003, Sergeants John Cleary and David Stunson along with Lieutenant Rickey Jennings, responded to 441 Bauchet Street, Los Angeles regarding a use of force by Men's Central Jail personnel in which one of the suspect's arms was broken.

The narrative of this incident is based upon interviews of the involved employees, written reports, the statements of witnesses and the suspect on the day of the incident and the statement of the suspect.

### **INVOLVED PERSONNEL:**

Love, Brandon D. # [REDACTED] MB [REDACTED] 6'03"/230 lbs.  
[REDACTED] # [REDACTED] [REDACTED] [REDACTED] lbs.

### **EMPLOYEE WORK HISTORY:**

Deputy Love is a three year Department employee who was assigned to Men's Central Jail on March 15, 2001. He has no prior history of complaints or discipline regarding force-related issues.

Deputy [REDACTED] is [REDACTED] year Department employee who was assigned to [REDACTED] on October 26, 2001. He has no prior history of complaints or discipline regarding force-related issues.

### **SUSPECT/INMATE:**

Armstrong, Craigen L. BK#7035680 M/B22 5'09"/190 lbs.

Suspect Craigen Armstrong was incarcerated at Men's Central Jail while undergoing prosecution for [REDACTED].

### **INJURIES:**

Nurse B. Baker said Suspect Craigen Armstrong suffered a fracture to the bone in his upper right arm.

Victim [REDACTED] suffered a small abrasion to his left shoulder probably caused when he was pushed to the floor during the scuffle with Suspect Armstrong.

**PHYSICAL EVIDENCE:**

Deputy Robert Frieberg, # [REDACTED], recovered the weapon Suspect Armstrong used to attack Victim [REDACTED] with. It was a jail-made knife consisting of a handle made from two black plastic combs and the blade consisting of two razor blades. The weapon was wrapped with strips of white cloth to hold it together. (See Photo in Exhibit B).

**INVESTIGATOR OBSERVATIONS:**

**WEAPONS USED BY DEPUTY PERSONNEL:**

Deputy Brandon Love # [REDACTED]  
Control hold to overcome an ongoing attack with a bladed weapon.

Deputy [REDACTED] # [REDACTED]  
Control Technique to make Suspect Armstrong release his grip on the victim's shirt.  
Restraint Device (Handcuffs), placed on Suspect Armstrong prior to removing him from his cell.

**WEAPON USED BY SUSPECT:**

Suspect Armstrong used a jail-made knife to attempt to injure Victim/Witness [REDACTED].

**PROPERTY DAMAGE:**

NONE

**CRIMINAL INVESTIGATOR AND CHARGES FILED:**

Jail Investigation Unit filed one count of [REDACTED] against Suspect Armstrong. He is currently in trial on the charge.

**INVOLVED EMPLOYEES STATEMENTS:**

**Deputy Brandon Love**

Deputy Love said he had escorted Victim [REDACTED] from his cell in Module 1700 B Row (Cell #20) to the shower (located in Cell #1). As is required in Module 1700, Victim [REDACTED] was handcuffed with his hands behind his back.



After showering, Deputy Love said he again handcuffed Victim [REDACTED] and escorted him down the row toward his cell. As they passed Cell #2, Suspect Craigen Armstrong's cell, Deputy Love saw Suspect Armstrong reach out with his left hand and grab Victim [REDACTED] by the T-shirt and, pull Victim [REDACTED] toward the cell bars. Deputy Love then saw Suspect Armstrong reach through the cell bars with his right hand and swipe at Victim [REDACTED] left shoulder. In that hand, Deputy Love saw Suspect Armstrong was holding a jail-made knife.

Realizing that Victim [REDACTED] was under attack and knowing [REDACTED] was handcuffed and unable to defend himself, Deputy Love said he used his arm to block the downward motion of Suspect Armstrong's right arm. Deputy Love then grabbed Suspect Armstrong's Right arm with both hands and bent the arm back away from both he and Victim [REDACTED]. Deputy Love said that as he bent Suspect Armstrong's arm away, he heard a distinct popping sound. Suspect Armstrong's right arm went limp and he cringed in pain.

Deputy Love said he could see that Suspect Armstrong was still holding the knife in his right hand. He continued to maintain a grip on Suspect Armstrong's right arm and told him to let go of the knife. By this time Deputy [REDACTED] and Deputy Frieberg arrived to assist Deputy Love in controlling Suspect Armstrong. Suspect Armstrong released his grip on the weapon and Deputy Frieberg was able to take custody of it.

Deputy Love said Victim [REDACTED] suffered a small cut to the left shoulder. He was treated at the MCJ clinic and released. Suspect Armstrong was transported to the Jail Ward at LAC/USC Medical Center where he was treated for a fractured arm.

#### **Deputy [REDACTED]**

Deputy [REDACTED] said he was on 1700 B Row escorting an inmate [this inmate was not related to the incident] from the shower back to his cell. He said he heard a scuffle behind him and turned to see Deputy Love holding Suspect Armstrong's right arm against the cell bars. Deputy [REDACTED] got the inmate in his custody into his cell and went to assist Deputy Love. Deputy [REDACTED] said he could see that Suspect Armstrong was holding Victim [REDACTED] by the shirt with his left hand. Deputy [REDACTED] said he used a control technique to force Suspect Armstrong to release his grip on Victim [REDACTED].

Deputy [REDACTED] said he escorted Victim [REDACTED] off the Row and placed him in a holding cell. He then return to Cell #2, handcuffed Suspect Armstrong and, escorted him to the clinic.

#### **WITNESS STATEMENTS:**

##### **Deputy Robert Frieberg**

Deputy Frieberg was operating the cell gates from the module control booth when the incident occurred. As he looked down the Row, Deputy Frieberg said he saw Suspect Armstrong reach

through the bars of his cell, grab Victim [REDACTED] by the shirt and pull Victim [REDACTED] against the bars.

Deputy Frieberg left the control booth to assist Deputy Love in controlling Suspect Armstrong. When he reached the incident, Deputy Frieberg said he saw Deputy Love had Suspect Armstrong's right arm pinned against the cell bars. Deputy Frieberg said he then saw that Suspect Armstrong was holding a jail-made knife weapon in his right hand. Suspect Armstrong agreed to release the weapon, Deputy Frieberg took the weapon from him, went back to the control booth, and secured the weapon.

#### **Deputy Mat Taylor**

Deputy Taylor was also escorting inmates between the shower and their cells. He saw the assault by Suspect Armstrong and went to assist. Deputy Taylor said he saw Victim [REDACTED] was on the floor. Deputy Taylor got Victim [REDACTED] up and escorted him from the row. Deputy Taylor then returned to Suspect Armstrong's cell. Deputy Love and Deputy [REDACTED] had a control hold on Suspect Armstrong's right arm. Deputy Taylor said he could see that Suspect Armstrong's arm was bent in an unnatural position. Suspect Armstrong agreed to release his grip on the weapon he was holding and be handcuffed. After assisting in the handcuffing of Suspect Armstrong, Deputy Taylor helped escort him to the clinic for treatment.

#### **Victim [REDACTED]**

Victim [REDACTED] provided the same account of the incident as the other Witnesses with the following exceptions:

Victim [REDACTED] said the incident occurred over a disagreement he had several months ago with Suspect Armstrong's [REDACTED]. He said Suspect Armstrong had tried to attack him with a knife previously, but failed. Victim [REDACTED] said he reported the first attack to the deputies and they moved him to a cell away from Suspect Armstrong. The deputies searched Suspect Armstrong, and his cell, to find the knife, but Suspect Armstrong had disposed of it.

In describing the current incident, Victim [REDACTED] said that after Suspect Armstrong grabbed him, he placed his feet against the bars in an attempt to pull away. He said that Deputy Taylor arrived and pulled him away from Suspect Armstrong and pushed him to the floor. Victim [REDACTED] said he thought Deputy Taylor may have thought he was trying to attack Deputy Love when he grabbed him. Victim [REDACTED] said he was able to explain to Deputy [REDACTED] that he was the victim in the incident. Then Deputy Taylor escorted him from the scene and left him in a hallway outside the row.

Victim [REDACTED] said he saw Deputy Love had grabbed Suspect Armstrong by the arm and was telling him to stop what he was doing and drop the weapon.

#### **SUSPECT INTERVIEW:**

Suspect Armstrong said the attack on Victim [REDACTED] was in retaliation for an incident between Victim [REDACTED] and Suspect Armstrong's [REDACTED]. He said he was injured when Deputy Love snapped his arm back against the cell bars to keep him from "getting to another inmate."

Suspect Armstrong said he reached through the bars [with his left hand], grabbed Victim [REDACTED] by the shirt and pulled him against the bars. With his right hand, he attempted to slash Victim [REDACTED] with a razor weapon he had made. As he did this, he saw Deputy Love grab his right arm and press it back so that his upper arm was pressed against the cell's bars. As Deputy Love did this, he heard a snap and his arm broke. Once the arm broke, he lost all feeling in his arm. Suspect Armstrong said no other force was used against him after the arm broke. He was handcuffed, taken out of his cell and escorted to the clinic for treatment.